

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.



Dr. Siddiq
Bullock County Correctional Facility
P. O. Box 5107
Union Springs, AL 36089

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

☐ Agent☐ Addressee

C. Date of Delivery

Address different from item 1?
delivery address below:

☐ Yes☐ No

3. Service Type

☒ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☒ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2:07cv351-mef (Cmp/aden)

2. Article Number

(Transfer from service label)

7005 1160 0001 2962 1973

102595-02-M-1540

February 2004

Domestic Return Receipt